SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	FOR LINE NUMBER:				PAGE	:	/	OF		96
(check only one)										
X	11a		11b		11c		11	d		
	12		13a		13b		14			15

Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Friends of Jim Bridenstine Inc.										
Α.	Full Name (Last, First, Middle Initial) Dr. Michael E. Bennett	Date of Receipt								
	Mailing Address 110 E Harrison Ave	04 06 2015								
	City Guthrie	State Zip Code OK 73044-4839	Transaction ID : SA11Ai-CN9133							
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period							
	Name of Employer Vision Source	Occupation Optometrist	, , , , ,							
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 500								
В.	Full Name (Last, First, Middle Initial) Scott Berkshire Mailing Address 1613 E. Pasadena Street	Date of Receipt								
	City Broken Arrow	State Zip Code OK 74011	06 17 2015 Transaction ID : SA11Ai-CN9213							
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period							
	Name of Employer	Occupation	250							
	Tulsa Cash Register Receipt For: 2016	Owner State Overlants Date	-							
	Primary General Other (specify)	Election Cycle-to-Date								
C	Full Name (Last, First, Middle Initial) John H Bond	Date of Receipt								
	Mailing Address 2456 Mountain Dr	06 15 2015								
	City Bartlesville	State Zip Code OK 74003-6949	Transaction ID : SA11Ai-CN9206							
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period							
	Name of Employer DSR	Occupation CPA	250							
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date								
Г	SUBTOTAL of Receipts This Page (optional)		1000.00							
ΙT	OTAL This Period (last page this line number	only)								